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ABSTRACT

This paper discusses tradition and innovation in the training of clinical child psychologists. Since prevention is receiving increasing emphasis, psychologists need thorough training in the developmental psychology of both infancy and early childhood. Secondly, the training of paraprofessionals is of great current interest, and perhaps graduate students could be utilized effectively in this role. Thirdly, with the increased use of consultants comes the concern that consultants will be inadequately trained in the area about which they are consulting, and over trained in the art of consulting. Fourthly, research and its place needs a reorientation. Child psychology should stop emphasizing the application of knowledge at the expense of generating knowledge, and an attitude of scientific skepticism should be developed. Lastly, there seems to be a growing impatience among students to deal with the "real problems" of the world. The didactic work seems tedious, the theorizing irrelevant, and the learning of techniques intolerable. While there is merit to some of these points, some of these aspects of training are necessary for professional competency. (Author/KJ)

Tradition and Innovation in the Training of Clinical Child Psychologists[1]

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Social need and limited manpower have provided incentive for change in clinical practice and in the training to undertake that practice. It is precisely in a period of intense pressure to change that it becomes tempting to eliminate almost everything traditional and to adopt almost anything innovative. It is my intention to consider the value of tradition and innovation in a few major areas of current interest. Because of the wealth of material already published about training of clinical psychologists, because of the constraints of time and because of the limits of one's imagination and creativity, no complete proposal is offered in this paper for the training of clinical child psychologists.

1. Prevention. There is increasing emphasis on preventive work, with a steady reduction in the age of our clientele and with increasing interest in the maternal role and maternal competence. Interest in influencing parental behavior rather than the behavior of children directly was, curiously, the original focus of the child guidance movement in the 1920's.

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However, we have not addressed ourselves principally to the alteration of unfavorable conditions in a child's life since those early days, partly perhaps because too little was known about the early determinants of optimal development and partly perhaps because the increasingly influential psychoanalytic orientation suggested that psychoanalysis of the child was preferable if it could be managed. Melanie Klein's ultimate, exclusive interest in the child himself probably lent credence to this inference. Freud's (1953(1909)) early pessimism about child psychoanalysis was generally ignored, and Anna Freud's (1968(1954)) observation has not generally been shared - at least until recently - that treatment of the common neuroses would be "child's play" had not so much "skill, knowledge, and pioneering effort" been spent on widening the scope of psychoanalytic application rather than on "improving ... technique in the original field ...". (p. 361)

Hence, we have neither a good basis in fact nor in prior practice on which to undertake preventive work with any assurance, and the minimal impact of Head Start may serve as warning to proceed with caution.

First, then, it seems self-evident that development of worthwhile preventive programs demands, as a beginning, the thorough training of prospective clinical child psychologists in the developmental psychology of both infancy and early childhood and in matters pertaining to child rearing practices.

Further, a preventive orientation will require the development of mechanisms for establishing contact with those who are <u>already</u> involved in early child care

namely parents, pediatricians, clinics providing pediatric care to the indigent, child care centers and ultimately schools. Among these, I would regard parents as the principal target of any significant preventive effort. Mechanisms for establishing programs for substantial numbers of parents simultaneously do not yet exist, but must be explored. In the meantime, training should at least involve substantial exposure of trainees to work with individual parents as a way of gaining sophistication about the problems of child rearing which seem to bear so little resemblance to the text-book descriptions. While we can hardly teach what we haven't yet learned, it is clearly incumbent on our field to develop programs of parent education concerning child rearing. It seems incredible that this task - child rearing - having such tremendous consequences, is typically undertaken with no formal preparation whatever. We have even done better in the still controversial field of sex education. Perhaps if we cannot as yet be assured of judicious child rearing, we can at least anticipate more judicious procreation.

2. Paraprofessionals. The training of paraprofessionals is of great current interest, whether or not it proves to be a solution to some of our manpower problems. Our students seem to view the development of paraprofessional roles as a matter of course and are eager to contribute to the training and supervision of such personnel, (hopefully not simply to identify someone still lower in the hierarchy than they). What we decide to train paraprofessionals to do seems still to be uncertain and the essentially experimental nature of clinical

practice as well as the continuing search for more effective techniques does make one wonder whether we now propose to place the burden of doubt on someone else's shoulders. It makes me a trifle uncomfortable, for example, to hear assessment techniques damned as useless while in the next breath their application is relegated to the paraprofessional as an ideal contribution.

The point is that it may be difficult to extract the precise, circumscribed, useful and teachable skills out of the wealth of activities called "clinical practice". I would propose that this issue be faced in the training of clinical child psychologists partly by utilizing graduate students as temporary paraprofessionals, a not altogether improper designation during the early phases of their training. They could help us to identify the specific tasks which might successfully be taught to others having minimal psychologic training, because they are themselves learning those skills. They could apply experimental programs to the clientele to which the ultimate paraprofessional will relate, and they could offer the critical feed-back that is essential in experimenting with new approaches because they have the investment, the interest, and the ability to do so. Of particular importance is the fact that such a role would introduce them - directly and concretely - to the roles, functions and target populations relative to which they may later want to train and supervise the ultimate paraprofessionals.

3. Consultation. The heavy emphasis on consultation, as a desirable means of affecting large numbers of individuals with limited professional man-

power, may prove to be a problem for clinical child psychology, if training fails to receive adequate attention in this area. My concern is not that professionals will be inadequately trained in consultation skills, but rather that their training in the area about which they wish to consult will be neglected. There seems to be something enticing, even glamorous - currently - about consultation and our students seem as impatient to consult as they once were to do psychotherapy. I am concerned about the prospect of innumerable consultants making their services available to a variety of institutions dealing with children who have had little contact with and know almost nothing about the child-clients whose lives they seek, indirectly to affect. It is analogous to the training of teachers in educational techniques and philosophy while overlooking their ignorance of the subject matter they must eventually teach.

Apart from the issue of adequacy of training, there is the separate issue of adequacy and relevance of experience. It seems somewhat presumptuous for professionals to represent themselves as consultants to children's institutions who have either never dealt with children or who, having just completed their own training, have pathetically little experience on which to draw. One must of course start somewhere, but there are a number of serious problems inherent in the consultation model, which demand attention.

Consultation is often a relatively brief encounter entailing rapid assessment of the problems being posed, allowing little time for the establishment of a genuine working relationship, and yielding little, if any feed-back about

the consultation efforts. All too often the success of consultation cannot be adequately evaluated. A number of thoughtful papers have been written about this problem (see Barry, 1970) and, recognizing our difficulties in the evaluation of therapeutic results, one is inclined to view this new problem of evaluation with considerable pessimism.

Further, I believe that the aspiring consultant, even more than his clinician predecessor will require substantial knowledge of a broad range of childhood problems. Whereas a more traditional clinical child psychologist can ultimately limit his practice to a small range of problems, because there are sufficient numbers of children exhibiting such problems, the consultant is likely to relate to a considerable variety of institutions for children, because no single kind of institution exists in sufficient numbers in a given community.

Given these various circumstances, I would contend that the consultant's role should be undertaken only by those clinical child psychologists who have had considerable experience in work with children; that students aspiring to be consultants should have substantial exposure to the problems of children despite their disinclination subsequently to relate to children directly; and that we should help our students to distinguish between ethical and unethical applications of one's training and experience in consultation as we have helped them to make such distinctions in the psychodiagnosis and/or psychotherapy of children.

4 Research. The place of research in clinical training and practice

continues to be debated and the so-called productivity of clinicians is disdained by much of the academic community. I believe that the focus has been on the wrong issues. On the one hand, prevailing attitudes about the means of generating new data have been appallingly narrow. On the other hand, we have failed, in clinical child psychology, to accept a sufficiently broad and distant perspective of our goals. The two orientations impinge upon the student and, if he maintains his clinical interest, he either avoids further research or his research relates to issues having no immediate relevance to his clinical practice.

Emphasis on the laboratory method in psychology has yielded a virtual obsession with methodology toward the seemingly inevitable end of highly sophisticated, "elegant" and "rigorous" study of absolute trivia. Nevitt Sanford (1970) recently observed that "Psychology is really in the doldrums right now. It is fragmented, overspecialized, method-centered, and dull. I am appalled by the degree to which an inflation of jargon and professional baggage has been substituted for psychological insight and sensitivity. We have produced a whole generation of research psychologists who never had occasion to look closely at any one person, let alone themselves, who have long since lost sight of the fact that their experimental subjects are, after all, people." The clinical child psychologist is concerned with people, and their problems and, as Robert Holt (1970) observes ". . . there is hardly a research task within psychology more complex and difficult than evaluating assessment and treatment."

I believe that we need a reorientation on both sides, and we need to

offer this new orientation to our students, such that their work can represent a synthesis of both. First, I believe that clinical child psychology should stop emphasizing the application of knowledge at the expense of generating knowledge. In fact, I believe it is the primary mission of our field to generate knowledge about child psychopathology - about its nature, its determinants, its prevention, and its treatment. It is difficult to deny this mission - no matter how much one is dedicated to helping others - so long as we contend simultaneously that clinically relevant findings are unlikely to emerge from laboratory research and that our knowledge is incomplete and our techniques imperfect.

Second, given this mission, I would then urge that we concern ourselves far less with teaching research methodology and far more with the inculcation of an attitude of scientific skepticism. Prepotent in the hierarchy of values would be the ability to think critically and imaginatively, and the ability to synthesize data from divergent sources, but most assuredly neither the slavish application of precise research techniques regardless of the relevance of the subject, nor the slavish application of clinical techniques regardless of the problem under study.

Given this attitude, we can finally acknowledge that there are many ways of generating data, even though data variously generated may not be equally definitive or conclusive. We can finally weigh such "unscientific" phenomena as speculations, unverified hypotheses, and accruing impressions, because such an attitude will permit us to label these phenomena for what they are, and

will encourage us to use them in the search for more definitive data rather than as a permanent substitute for them. Clinical child psychologists can then commit themselves to this essential task of generating data regardless of the specific task in which they are engaged be it case consultation, teaching, or research. In short we must not only encourage our students to approach their work with a productively critical attitude but we must direct them to undertake research which is relevant to the problems they will confront in their careers, without establishing constraints that preclude the study of relevant issues altogether.

None of this implies that they should be ignorant of the most sophisticated laboratory methods devised. Rather, it suggests that they learn to distinguish between applicable and inapplicable methods, so that if and when the occasion arises they will indeed be ready to make the final, critical, definitive study by methods acceptable in the most rarified of research atmospheres. It is noteworthy that current psychologic research - with all its scientific emphasis - can rarely point to a critical, definitive study that is genuinely relevant to human problems.

5. Involvement and Postponement. There seems to be a growing impatience among students to deal with "real problems" in the "real world". The didactic work seems tedious, the theorizing seems irrelevant, and the learning of techniques before their meaningful application, seems intolerable.

Part of the reaction is justified by the frequent insensitivity of university faculties to the interests and needs of the prospective clinician. Part of the reaction may perhaps be due to the urgency of problems facing society and the attendant frustration of apparently doing nothing about them. Part of the reaction is probably inevitable, but some of it may be avoidable, largely through the arrangement of curricula according to a few general principles, none of which are new but most of which seem to have been forgotten.

First, I think it is possible for clinical faculty to render more obvious the relationships between academic offerings and clinical application. If there is no immediate applicability, as is the case initially, then it behooves the faculty to offer a thorough, early orientation to the field so that the ultimate relevance of the material is evident.

Second, I think that the teaching of techniques in isolation is almost entirely avoidable. Once again, the student can be oriented to the broader context in which his newly acquired skill will be applicable. He can observe such application, and he can participate in problem definition almost from the beginning though he has, as yet, no responsibility for problem solution. In short, the student can be offered the opportunity of learning when and how a particular skill has value, while he is acquiring it.

Third, I believe that we must develop courses which focus more specifically on integration of data and theory from diverse sources, rather than simply on exposition. Consistent with that aim, we must develop coherent sequences

of courses in which the logic and relevance of the subject matter emerge with clarity and which preclude fragmentation and discontinuity.

Though this may be painfully obvious, yet clinical programs have not always been designed with clear intent and careful forethought. It is small wonder that students now proclaim that they don't believe in psychological testing, as they once proclaimed, with equal inanity, that they did, or did not believe in Freud. In fact, the attitudes concerning psychological testing warrant at least cursory attention in this context.

The often negative attitude toward testing should be no surprise. Many students have had minimal exposure to assessment techniques; little exposure to skillful demonstrations; and often disinterested and superficial supervision, by teachers who have themselves had no post-doctoral clinical experience upon which to draw. But it is just as absurd now to consider wholesale abandonment of psychodiagnostic testing as it was, in retrospect, to test all of one's clientele indiscriminately. Given the current critical attitude, we may finally be able to determine precisely which techniques <u>are</u> of value, and for which purposes, and we ought to take advantage of that development. It would be a pity, furthermore, to have students make clinical judgments on even less reliable bases which are still less amenable to supervision, for it has always been obvious that aspiring clinical child psychologists - like aspiring teachers or pediatricians - are extremely naive about children. Incidentally, we would be

hard pressed to find a substitute for the task of analyzing and synthesizing psychological test data which would make equal demands on the student to grasp quite as cogently and to attend quite as carefully to the complex make-up of a given human being.

I believe that there have always been more alternative dispositions available in clinical child psychology, following a diagnostic study, than in work with adults and that psychological testing has been more directly relevant. If there is real promise of the development of new intervention programs, then careful assessment, perhaps of rather circumscribed functions, may prove to be far more useful than it was in the past.

Finally, if our clinical faculties make the kind of effort proposed, then we can justifiably say to our students that if they really respect the integrity of another human being and are really intent on helping him, they had best approach the task with the largest possible fund of knowledge; with thorough theoretic sophistication; with skill in the application of existing tools; with recognition that the simple acceptance into a graduate program does not, ipso facto, render them competent to see action, at least not as psychologists; and that all this requires time and patience, and entails more than a little frustration. Higher education is, after all, an investment in the future, and a genuine commitment to it and to the role which it will eventually permit one to play, implies the willingness to forego some forms of immediate gratification.

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